



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	
EDMUND T. KOCHLING)
Serial No.: 10/774,782) Group Art Unit: 3673
Filed: February 9, 2004) Examiner: Michael Safavi
For: PRE-CAST CURBSIDE ACCESS RAMP AND METHODS OF MAKING AND INSTALLING THE SAME	Confirmation Number: 8851))
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
Sir:	

RESPONSE

In response to the Office Action dated October 1, 2004, Applicant respectfully requests reconsideration of the above-identified application in view of the remarks below.

There are no Amendments to the Specification in this paper.

There are no Amendments to the Claims in this paper; nevertheless, the claims are listed in the Listing of Claims which begins on page 2 of this paper.

There are no Amendments to the Drawings in this paper.

Remarks begin on page 12 of this paper.

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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column_1) (Column 2) TYPE [OF SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 385.00 BASIC FEE 770.00 OR TOTAL CHARGEABLE CLAIMS minus 20= XS 9= XS18= OR INDEPENDENT CLAIMS minus 3 = X43≈ X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 76 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-⋖ REMAINING NUMBER PRESENT TIONAL ENT RATE RATE TIONAL AFTER PREVIOUSLY **EXTRA** FEE AMENDMENT PAID FOR FEE ENDMI Total Minus XS 9= XS18= OR Independent Minus 7 gy.00 X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= ŗį OR TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST ADDI-ADDI-NUMBER REMAINING : 11 PRESENT RATE TIONAL TIONAL AMENDMENT RATE **AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus XS 9= X\$18= OR Incependent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT ENT TIONAL RATE RATE TIONAL AFTER: PREVIOUSLY **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR ѿ indep ndent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL TOTAL OR ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number